

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER A-06.2	PAGE NUMBER 1 OF 3
	RELATED NCCHC/ACA STANDARDS: P-A-06/4-4410, 4-4402, 4-9423 (ESSENTIAL)	
CHAPTER: 11 HEALTH SERVICES	SUBJECT: BASIC CONTINUOUS QUALITY IMPROVEMENT PROGRAM- Level 4	
APPROVED BY THE COMMISSIONER:		
EFFECTIVE DATE: 11-19-07		

PURPOSE:

To provide a program designed to monitor and evaluate the delivery of healthcare to the inmates and to identify, analyze and correct problems that may potentially impede the quality of inmate healthcare.

POLICY:

1. The implementation, maintenance and monitoring of a basic CQI program will be the responsibility of the local Health Service Administrator.
2. The medical care delivered will be monitored and evaluated by the responsible Medical Director on a quarterly basis. A minimum of 5% (maximum of 25 records) will be reviewed by the responsible Medical Director to evaluate off site and on site health care. This review will be documented.
3. The local Health Services Administrator will report QI findings to the local QI Committee quarterly and to healthcare staff.
4. All quality improvement documents will be marked "Privileged and Confidential Quality Improvement".
5. A Quality Improvement Program and Calendar will be developed annually based on medical vendor Performance Indicators, contract guidelines and specific institutional needs. At minimum, site will perform studies on routine basis with pre-determined criteria that address fundamental health care program areas. These areas should include intake, access, specialty and offsite care, adverse patient outcomes.

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6. The Quality Improvement Program will review issues such as:
 - a. Timeliness and appropriateness of inmate grievances
 - b. Results of Morbidity and Mortality reviews
 - c. Adverse Patient Outcomes
 - d. Results of Disaster Drills and Environmental Inspection Reports
 - e. Infection Control findings
 - f. Other key sentinel events (i.e., serious clinical, professional or administrative occurrences requiring investigation)
7. The Committee will assess the quality of care by looking at one or more of the following measures:
 - a. Accessibility
 - b. Availability
 - c. Appropriateness
 - d. Timeliness
 - e. Effectiveness
 - f. Efficiency
 - g. Quality of patient/provider interaction
 - h. Safety of environment
8. An annual review will be performed on the results of QI studies at administrative and staff meetings, and will detail what has been done, what is being done, and what will be done to address identified needs, including preventative and problem-solving and educational activities.

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9. The local Health Service Administrator will maintain minutes and all related QI information in a confidential file. Reports will be prepared for the local and statewide QI Committees.
10. Goals for the up coming year are identified and prioritized. Goals are reviewed quarterly and action taken as indicated and necessary to attain goals. This serves as the monitoring schedule for the upcoming year.
11. All aspects of this program, its committees, and other ad hoc groups operating as a result of this policy are created for the purpose of analyzing and reviewing the delivery of healthcare services. As such, the committee's function is the review of medical records, medical care, and physicians' work, with a view to the quality of care and utilization of hospital resources, office visits, and trained medical staff. All aspects of the function of any group or committee which operate pursuant to this policy are intended to be "peer review committees" as set forth at 24 *Del. C.* § 1768.

References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-A-06

American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 2003. 4-4410, 4-4422, 4-4423